

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/17/05</u> | | 2 Serial/Patent # <u>10/521 994</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 100.00 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | Treasury Check | | | | | | | | | |
| | | Credit Deposit A/C #: | | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">5</td></tr></table> | | | 1 | 9 | -- | 4 | 6 | 7 | 5 |
| 1 | 9 | -- | 4 | 6 | 7 | 5 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | | |
| <i>Fee Code Correction</i> | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>BC</u> | | TITLE: _____ | | | | | | | | | |
| SIGNATURE: <u>BCC</u> | | PHONE: _____ | | | | | | | | | |
| OFFICE: <u>PCT/DO/EO</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: